

Police Officer
PERSONAL HISTORY STATEMENT



*A “Recognized Law Enforcement Agency” by
the Texas Police Chief’s Association*

Applicant Name

**ALAMO HEIGHTS POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT**

**Alamo Heights Police Department
Personal History Statement**

READ THESE INSTRUCTIONS CAREFULLY

These instructions are provided as a guide to assist you in properly completing the PERSONAL HISTORY STATEMENT. The Personal History Statement and supporting documents are necessary to conduct your background investigation. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

1. The Personal History Statement must be printed legibly in **black ink** or **typed** by you.
2. All questions must be answered completely and to the best of your ability. If a question does not apply to you, enter "N/A" or "Not Applicable" in the space provided.
3. Do not use "Liquid Paper", "Correction Tape" or any other substance to "white out" errors. Draw one line through the error and write the correction above or next to the error. Avoid errors by reading the directions carefully before making entries on the form. Be sure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct names, addresses and telephone numbers. If you are not sure of an address or telephone number, check it by personal verification. The internet may be a source for obtaining information. **If you do not provide the necessary phone numbers, your application may be disqualified.**
5. Do not write on the back of any page. If there is insufficient space on the form, attach extra sheets. Be sure to reference the relevant section and question on the extra sheet(s).
6. Upon completing the Personal History Statement, re-check each section to ensure that all information requested has been provided and is accurate.
7. Initial each page indicating the information is accurate and complete.

Your failure to properly complete this document may result in disqualification of your application. Any deliberate omissions or falsifications of information may result in disqualification; or, if you have been appointed, may disqualify you from continued employment.

The City of Alamo Heights is an Equal Opportunity Employer and is firmly committed to treating employees and applicants for employment according to their experience, talent, and qualifications for the job, without regard to race, creed, color, national origin, sex, age [if at least age forty (40)] or disability (if otherwise qualified to do the job).

For Police Department Use Only

Applicant: _____

Position: _____

Date PHS Received: _____

PHS Received by: _____

Background Investigator: _____

**ALAMO HEIGHTS POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT**

SECTION 1: PERSONAL

1. YOUR FULL NAME (INCLUDING SURNAME SUFFIX)			
LAST	FIRST	MIDDLE	
2. OTHER NAMES, INCLUDING MAIDEN NAMES OR NICKNAMES, YOU HAVE USED OR BEEN KNOWN BY			
3. ADDRESS WHERE YOU CURRENTLY RESIDE			
STREET		APT / UNIT	
CITY		STATE	ZIP
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE			
5. CONTACT NUMBERS			
HOME ()	WORK ()	EXT	OTHER () <input type="checkbox"/> CELL <input type="checkbox"/> FAX <input type="checkbox"/> PAGER
6. EMAIL ADDRESS			
HOME		BUSINESS	
7. If you were born outside of the United States, are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you a resident alien who is eligible and has applied for U.S. citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. BIRTH PLACE – CITY / COUNTY / STATE / COUNTRY		9. BIRTHDATE	10. SOCIAL SECURITY NUMBER — —
11. DRIVER'S LICENSE		12. PHYSICAL DESCRIPTION	
NO.	STATE	EXP	HEIGHT WEIGHT

SECTION 2: RELATIVES AND REFERENCES

13. IMMEDIATE FAMILY

- Provide all applicable information in the spaces below.
- Mark "N/A" if a category is not applicable or if the individual is deceased.
- If more space is needed, continue your response on page 27.

<input type="checkbox"/> N/A	A. Father				
NAME		HOME ADDRESS		STATE	ZIP
HOME PHONE ()		WORK ADDRESS		STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

<input type="checkbox"/> N/A	B. Step-father				
NAME		HOME ADDRESS		STATE	ZIP
HOME PHONE ()		WORK ADDRESS		STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

<input type="checkbox"/> N/A	C. Mother				
NAME		HOME ADDRESS		STATE	ZIP
HOME PHONE ()		WORK ADDRESS		STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

**ALAMO HEIGHTS POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT**

SECTION 2: RELATIVES AND REFERENCES *continued*

13. IMMEDIATE FAMILY *continued*

<input type="checkbox"/> N/A	D. Step-mother				
NAME		HOME ADDRESS		STATE	ZIP
HOME PHONE ()		WORK ADDRESS		STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

<input type="checkbox"/> N/A	E. Spouse				
NAME		HOME ADDRESS		STATE	ZIP
HOME PHONE ()		WORK ADDRESS		STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
YEARS OF MARRIAGE		Is there, or has there been, a protective order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<input type="checkbox"/> N/A	F. Father-in-law				
NAME		HOME ADDRESS		STATE	ZIP
HOME PHONE ()		WORK ADDRESS		STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

<input type="checkbox"/> N/A	G. Mother-in-law				
NAME		HOME ADDRESS		STATE	ZIP
HOME PHONE ()		WORK ADDRESS		STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		

<input type="checkbox"/> N/A	H. Former Spouse(s)				
1) NAME		HOME ADDRESS		STATE	ZIP
HOME PHONE ()		WORK ADDRESS		STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
YEAR OF DISSOLUTION		Is there, or has there been, a protective order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2) NAME		HOME ADDRESS		STATE	ZIP
HOME PHONE ()		WORK ADDRESS		STATE	ZIP
WORK PHONE ()		CELL PHONE ()	EMAIL		
YEAR OF DISSOLUTION		Is there, or has there been, a protective order in effect for this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No			

ALAMO HEIGHTS POLICE DEPARTMENT **PERSONAL HISTORY STATEMENT**

SECTION 2: RELATIVES AND REFERENCES *continued*

13.IMMEDIATE FAMILY *continued*

☐ N/A **I. Brothers and Sisters** – list all living siblings, including half-siblings, step-siblings, foster siblings, etc.

1) NAME		HOME ADDRESS		STATE	ZIP
<input type="checkbox"/> M	HOME PHONE	WORK ADDRESS		STATE	ZIP
<input type="checkbox"/> F	()				
<input type="checkbox"/> UNDER AGE 18	WORK PHONE	CELL PHONE	EMAIL		
	()	()			
2) NAME		HOME ADDRESS		STATE	ZIP
<input type="checkbox"/> M	HOME PHONE	WORK ADDRESS		STATE	ZIP
<input type="checkbox"/> F	()				
<input type="checkbox"/> UNDER AGE 18	WORK PHONE	CELL PHONE	EMAIL		
	()	()			
3) NAME		HOME ADDRESS		STATE	ZIP
<input type="checkbox"/> M	HOME PHONE	WORK ADDRESS		STATE	ZIP
<input type="checkbox"/> F	()				
<input type="checkbox"/> UNDER AGE 18	WORK PHONE	CELL PHONE	EMAIL		
	()	()			
4) NAME		HOME ADDRESS		STATE	ZIP
<input type="checkbox"/> M	HOME PHONE	WORK ADDRESS		STATE	ZIP
<input type="checkbox"/> F	()				
<input type="checkbox"/> UNDER AGE 18	WORK PHONE	CELL PHONE	EMAIL		
	()	()			
5) NAME		HOME ADDRESS		STATE	ZIP
<input type="checkbox"/> M	HOME PHONE	WORK ADDRESS		STATE	ZIP
<input type="checkbox"/> F	()				
<input type="checkbox"/> UNDER AGE 18	WORK PHONE	CELL PHONE	EMAIL		
	()	()			
6) NAME		HOME ADDRESS		STATE	ZIP
<input type="checkbox"/> M	HOME PHONE	WORK ADDRESS		STATE	ZIP
<input type="checkbox"/> F	()				
<input type="checkbox"/> UNDER AGE 18	WORK PHONE	CELL PHONE	EMAIL		
	()	()			

☐ N/A **J. Children**

List all of your living children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you.

1) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)	
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS	
<input type="checkbox"/> F		STATE	ZIP
		CONTACT NUMBER	EMAIL
		()	
2) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)	
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS	
<input type="checkbox"/> F		STATE	ZIP
		CONTACT NUMBER	EMAIL
		()	

ALAMO HEIGHTS POLICE DEPARTMENT **PERSONAL HISTORY STATEMENT**

SECTION 2: RELATIVES AND REFERENCES *continued*

13. IMMEDIATE FAMILY (CHILDREN) *continued*

3) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)	
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS	
<input type="checkbox"/> F		STATE	ZIP
		CONTACT NUMBER ()	EMAIL
4) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)	
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS	
<input type="checkbox"/> F		STATE	ZIP
		CONTACT NUMBER ()	EMAIL
5) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)	
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS	
<input type="checkbox"/> F		STATE	ZIP
		CONTACT NUMBER ()	EMAIL
6) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)	
<input type="checkbox"/> M	CHILD'S AGE	ADDRESS	
<input type="checkbox"/> F		STATE	ZIP
		CONTACT NUMBER ()	EMAIL

14. REFERENCES

List 7–10 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers or housemates, or other individuals listed elsewhere. Include current or former law enforcement personnel.

A) NAME		HOME ADDRESS	
		STATE	ZIP
	HOME PHONE ()	WORK ADDRESS	
		STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)			HOW LONG HAVE YOU KNOWN THIS PERSON?
B) NAME		HOME ADDRESS	
		STATE	ZIP
	HOME PHONE ()	WORK ADDRESS	
		STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)			HOW LONG HAVE YOU KNOWN THIS PERSON?
C) NAME		HOME ADDRESS	
		STATE	ZIP
	HOME PHONE ()	WORK ADDRESS	
		STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)			HOW LONG HAVE YOU KNOWN THIS PERSON?

**ALAMO HEIGHTS POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT**

SECTION 2: RELATIVES AND REFERENCES (Section 14. References) *continued*

D) NAME		HOME ADDRESS		STATE	ZIP
	HOME PHONE ()	WORK ADDRESS		STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
E) NAME		HOME ADDRESS		STATE	ZIP
	HOME PHONE ()	WORK ADDRESS		STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
F) NAME		HOME ADDRESS		STATE	ZIP
	HOME PHONE ()	WORK ADDRESS		STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
G) NAME		HOME ADDRESS		STATE	ZIP
	HOME PHONE ()	WORK ADDRESS		STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
H) NAME		HOME ADDRESS		STATE	ZIP
	HOME PHONE ()	WORK ADDRESS		STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
I) NAME		HOME ADDRESS		STATE	ZIP
	HOME PHONE ()	WORK ADDRESS		STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	
J) NAME		HOME ADDRESS		STATE	ZIP
	HOME PHONE ()	WORK ADDRESS		STATE	ZIP
	WORK PHONE ()	CELL PHONE ()	EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				HOW LONG HAVE YOU KNOWN THIS PERSON?	

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SECTION 3: EDUCATION

NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims.

15. Check all that are applicable: ☐ High School Diploma from an accredited U.S. institution ☐ GED ☐ Accredited College Degree

16. List high schools attended:

A) NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY	STATE		
B) NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY	STATE		

17. List all colleges or universities attended:

A) NAME	FROM	TO	TOTAL HOURS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			
B) NAME	FROM	TO	TOTAL HOURS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			
C) NAME	FROM	TO	TOTAL HOURS EARNED	TYPE OF DEGREE EARNED
CITY	STATE			

18. List any trade, vocational, or business schools/institutes attended:

A) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	CITY	STATE	
B) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	CITY	STATE	
C) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	CITY	STATE	

19. Have you ever attended a Basic Law Enforcement / Police Academy?..... ☐ Yes ☐ No
If yes, provide the following information:

A) ACADEMY NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Y <input type="checkbox"/> N
LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR	CONTACT NUMBER ()	
B) ACADEMY NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Y <input type="checkbox"/> N
LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR	CONTACT NUMBER ()	

**ALAMO HEIGHTS POLICE DEPARTMENT
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SECTION 3: EDUCATION *continued*

20. Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, law enforcement academy, business or trade school? ☐ Yes ☐ No

If yes, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

SECTION 4: RESIDENCE

21. LIST OF RESIDENCES

- List ALL residences in the past 10 years, beginning with the present. Provide *complete* addresses (include markers such as Street, Drive, Road, East, West, etc., and unit or apartment number). Do not use P.O. Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state and zip code. DO NOT LIST military barracks mates unless you shared individual quarters.
- If more space is needed continue on page 27.

A) ADDRESS WHERE YOU NOW LIVE				APT / UNIT	FROM	TO Present
CITY		STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER				APT / UNIT	CONTACT NUMBER ()	
CITY		STATE	ZIP	EMAIL (PROPERTY OWNER, RENT COLLECTOR, OR OWNER)		
Names of those with whom you live:						
B) FORMER ADDRESS				APT / UNIT	FROM	TO
CITY		STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER				APT / UNIT	CONTACT NUMBER ()	
CITY		STATE	ZIP	EMAIL (PROPERTY OWNER, RENT COLLECTOR, OR OWNER)		
Names of those with whom you lived:						
Reason for moving:						
C) FORMER ADDRESS				APT / UNIT	FROM	TO
CITY		STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER				APT / UNIT	CONTACT NUMBER ()	
CITY		STATE	ZIP	EMAIL (PROPERTY OWNER, RENT COLLECTOR, OR OWNER)		
Names of those with whom you lived:						
Reason for moving:						

**ALAMO HEIGHTS POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT**

SECTION 4: RESIDENCE <i>continued</i>					
21. LIST OF RESIDENCES <i>continued</i>					
D) FORMER ADDRESS				APT / UNIT	FROM TO
CITY		STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER				APT / UNIT	CONTACT NUMBER ()
CITY		STATE	ZIP	EMAIL (PROPERTY OWNER, RENT COLLECTOR, OR OWNER)	
Names of those with whom you lived:					
Reason for moving:					
E) FORMER ADDRESS				APT / UNIT	FROM TO
CITY		STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER				APT / UNIT	CONTACT NUMBER ()
CITY		STATE	ZIP	EMAIL (PROPERTY OWNER, RENT COLLECTOR, OR OWNER)	
Names of those with whom you lived:					
Reason for moving:					
F) FORMER ADDRESS				APT / UNIT	FROM TO
CITY		STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER				APT / UNIT	CONTACT NUMBER ()
CITY		STATE	ZIP	EMAIL (PROPERTY OWNER, RENT COLLECTOR, OR OWNER)	
Names of those with whom you lived:					
Reason for moving:					
G) FORMER ADDRESS				APT / UNIT	FROM TO
CITY		STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER				APT / UNIT	CONTACT NUMBER ()
CITY		STATE	ZIP	EMAIL (PROPERTY OWNER, RENT COLLECTOR, OR OWNER)	
Names of those with whom you lived:					
Reason for moving:					

**ALAMO HEIGHTS POLICE DEPARTMENT
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SECTION 4: RESIDENCE *continued*

22. Provide contact information for all housemates listed in Question 21 with whom you have resided during the past 10 years. DO NOT list anyone for whom you have already provided contact information. If more space is needed, continue your response on page 27.

A) NAME		CONTACT NUMBER ()
CURRENT ADDRESS IF DIFFERENT		EMAIL (HOUSEMATE)
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		
B) NAME		CONTACT NUMBER ()
CURRENT ADDRESS IF DIFFERENT		EMAIL (HOUSEMATE)
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		
C) NAME		CONTACT NUMBER ()
CURRENT ADDRESS IF DIFFERENT		EMAIL (HOUSEMATE)
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		
D) NAME		CONTACT NUMBER ()
CURRENT ADDRESS IF DIFFERENT		EMAIL (HOUSEMATE)
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		
E) NAME		CONTACT NUMBER ()
CURRENT ADDRESS IF DIFFERENT		EMAIL (HOUSEMATE)
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		
F) NAME		CONTACT NUMBER ()
CURRENT ADDRESS IF DIFFERENT		EMAIL (HOUSEMATE)
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		

23. Have you ever been evicted or asked to leave a residence? ☐ Yes ☐ No

24. Have you ever left a residence owing rent? ☐ Yes ☐ No

If you answered yes to **Questions 23 and/or 24**, explain (include when, where and circumstances):

ALAMO HEIGHTS POLICE DEPARTMENT PERSONAL HISTORY STATEMENT

SECTION 5: EMPLOYMENT AND EXPERIENCE

25. JOB EXPERIENCE

- List **ALL** jobs you have had, including part-time, temporary, self-employment and volunteer, in the past 10 years. (Begin with your most current. If more space is needed continue your response on page 27.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List **ALL** periods of unemployment in excess of 30 days.

A) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
STREET ADDRESS OR BASE			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	SALARY	
JOB TITLE			EMAIL (SUPERVISOR)		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR WANTING TO LEAVE	
Would there be a problem if we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain:			

B) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

C) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
STREET ADDRESS OR BASE			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL (SUPERVISOR)		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

D) PERIOD OF UNEMPLOYMENT				FROM	TO
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

E) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
STREET ADDRESS OR BASE			SUPERVISOR		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE			EMAIL (SUPERVISOR)		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING	

**ALAMO HEIGHTS POLICE DEPARTMENT
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SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

25. JOB EXPERIENCE *continued*

F) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					FROM	TO
G) NAME OF EMPLOYER OR MILITARY UNIT					FROM	TO
STREET ADDRESS OR BASE				SUPERVISOR		
CITY		STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE				EMAIL (SUPERVISOR)		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING		

H) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					FROM	TO
I) NAME OF EMPLOYER OR MILITARY UNIT					FROM	TO
STREET ADDRESS OR BASE				SUPERVISOR		
CITY		STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE				EMAIL (SUPERVISOR)		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING		

J) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					FROM	TO
K) NAME OF EMPLOYER OR MILITARY UNIT					FROM	TO
STREET ADDRESS OR BASE				SUPERVISOR		
CITY		STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE				EMAIL (SUPERVISOR)		
DUTIES / ASSIGNMENTS				<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS 1)		2)		REASON FOR LEAVING		

L) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					FROM	TO
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**ALAMO HEIGHTS POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT**

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

25. JOB EXPERIENCE *continued*

M) NAME OF EMPLOYER OR MILITARY UNIT				FROM		TO	
STREET ADDRESS OR BASE				SUPERVISOR			
CITY			STATE	ZIP	CONTACT NUMBER ()		EXT
JOB TITLE				EMAIL (SUPERVISOR)			
DUTIES / ASSIGNMENTS						<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)			REASON FOR LEAVING		

N) PERIOD OF UNEMPLOYMENT						FROM		TO	
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other									

O) NAME OF EMPLOYER OR MILITARY UNIT				FROM		TO	
STREET ADDRESS OR BASE				SUPERVISOR			
CITY			STATE	ZIP	CONTACT NUMBER ()		EXT
JOB TITLE				EMAIL (SUPERVISOR)			
DUTIES / ASSIGNMENTS						<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)			REASON FOR LEAVING		

P) PERIOD OF UNEMPLOYMENT						FROM		TO	
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other									

Q) NAME OF EMPLOYER OR MILITARY UNIT				FROM		TO	
STREET ADDRESS OR BASE				SUPERVISOR			
CITY			STATE	ZIP	CONTACT NUMBER ()		EXT
JOB TITLE				EMAIL (SUPERVISOR)			
DUTIES / ASSIGNMENTS						<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2)			REASON FOR LEAVING		

26. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. Have ever you ever been fired, released from probation, or asked to resign from any place of employment?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. Have you ever been involved in a physical/verbal altercation with a supervisor, co-worker, or customer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**ALAMO HEIGHTS POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT**

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

29. Have you ever quit without giving proper notice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30. Have you ever resigned or quit to avoid being discharged, terminated or fired?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31. Have you ever been accused of discrimination (such as sexual harassment, racial bias, etc.) by a co-worker, superior, subordinate or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32. Were you ever the subject of a written complaint at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33. Have you ever been counseled at work due to lateness or absences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34. Have you ever received an unsatisfactory performance review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35. Have you ever sold, released, or given away legally confidential information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36. Have you ever called in sick when you were neither sick nor caring for a sick family member? If yes, how many sick days have you used in the past five years which were not due to illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to any of **Questions 26–36**, explain (include when, where and circumstances; indicate corresponding number.):

37. In the past three years, have you missed days or been late to work due to drug or alcohol consumption? If yes, how often?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
38. Has your work performance ever been affected by your use of alcohol or drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border: none;">WHEN?</td> <td style="border: none;">NAME OF EMPLOYER</td> </tr> </table>	WHEN?	NAME OF EMPLOYER		
WHEN?	NAME OF EMPLOYER			
39. In the past three years, have you been warned by an employer about your drinking or drug habits and their impact on your performance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border: none;">WHEN?</td> <td style="border: none;">NAME OF EMPLOYER</td> </tr> </table>	WHEN?	NAME OF EMPLOYER		
WHEN?	NAME OF EMPLOYER			

40. Have you ever applied to any other law enforcement agency (city, county, state or federal)? <input type="checkbox"/> YES <input type="checkbox"/> NO					
<ul style="list-style-type: none"> If yes, list EVERY agency you have applied to, starting with the most recent (give complete and accurate addresses). All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency. If more space is needed, continue your response on page 27. 					
A) NAME OF AGENCY				DATE APPLIED	
STREET ADDRESS			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
POSITION APPLIED FOR			EMAIL (BACKGROUND INVESTIGATOR)		
Check each step in the process that you completed, and your status:					
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer withdrawn					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					

**ALAMO HEIGHTS POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT**

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

40. Have you **ever** applied to any other law enforcement agency... *continued*

B) NAME OF AGENCY				DATE APPLIED	
STREET ADDRESS			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
POSITION APPLIED FOR			EMAIL (BACKGROUND INVESTIGATOR)		
Check each step in the process that you completed, and your status:					
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer withdrawn					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					

C) NAME OF AGENCY				DATE APPLIED	
STREET ADDRESS			BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
POSITION APPLIED FOR			EMAIL (BACKGROUND INVESTIGATOR)		
Check each step in the process that you completed, and your status:					
STEPS: <input type="checkbox"/> Application <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Background <input type="checkbox"/> Chief's oral <input type="checkbox"/> Conditional job offer withdrawn					
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified					

SECTION 6: MILITARY EXPERIENCE

41. Are you required to register for the Selective Service? ☐ Yes ☐ No
 If yes, have you registered? ☐ Yes ☐ No
 If no, explain: _____

42. BRANCH OF SERVICE	43. DATES OF SERVICE From To
-----------------------	--

44. TYPE OF DISCHARGE: ☐ Entry Level ☐ Honorable ☐ General ☐ OTH (Other than Honorable) ☐ Bad Conduct ☐ Dishonorable
 Re-entry Code (1–4) if applicable – *refer to your DD-214*: _____

45. Are you currently participating in one of the following? ☐ Military Reserve ☐ National Guard If checked, date obligation ends: _____

46. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? ☐ Yes ☐ No

47. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded? ☐ Yes ☐ No

If you answered yes to **Questions 46 and/or 47**, explain (include dates and circumstances)

**ALAMO HEIGHTS POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT**

SECTION 7: LAW ENFORCEMENT EXPERIENCE

48. Are you currently a licensed peace officer? If yes, what state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
49. Have you ever been employed as a peace officer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
50. Have you ever worked as a Reserve Police Officer? If yes, what state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
51. Have you ever served as a Military Police Officer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
52. Have you ever been employed as a jailer or corrections officer in either an adult or a juvenile facility? If yes, what state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
53. Have you ever taken part in a law enforcement internship program? If yes, what agencies and dates?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
54. Have you ever taken part in a law enforcement explorer program? If yes, what explorer post and dates?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
55. Has your peace officer's certification or license ever been revoked or suspended?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to **Questions 55**, explain (include dates and circumstances)

**ALAMO HEIGHTS POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT**

SECTION 8: FINANCIAL

- | | | |
|---|------------------------------|-----------------------------|
| 56. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 57. Have any of your bills ever been turned over to a collection agency? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 58. Have you ever had purchased goods repossessed?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 59. Have your wages ever been garnished?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 60. Have you ever been delinquent on income or other tax payments? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 61. Have you ever failed to file income tax or cheated/lie on an income tax form?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 62. Have you ever had an employment bond refused? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 63. Have you ever avoided paying any lawful debt by moving away? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 64. Have you ever defaulted on (failed to pay) a loan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 65. Have you ever borrowed money to pay for a gambling debt? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, do you currently have any outstanding debts as a result of gambling? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 66. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 67. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 68. Have you written three or more bad checks in a one-year period? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered yes to any of **Questions 56–68**, explain (include when, where, and why; indicate corresponding number):

**ALAMO HEIGHTS POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT**

SECTION 9: LEGAL

Disclosure of Arrests and Convictions

As an applicant for a **police officer position**, you are required to disclose any of the following information, *even if the records were sealed, expunged, dismissed or pardoned*:

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL investigations and/or convictions
- ALL diversion programs that were not successfully completed

If more space is needed, continue on page 27.

69. **Either as an adult or a juvenile, have you EVER been questioned, investigated, detained, interrogated, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)?** ☐ Yes ☐ No

If yes, explain each incident.

A) APPROX DATE		ARRESTING OR DETAINING AGENCY	
CHARGE			
DISPOSITION OR PENALTY			
B) APPROX DATE		ARRESTING OR DETAINING AGENCY	
CHARGE			
DISPOSITION OR PENALTY			
C) APPROX DATE		ARRESTING OR DETAINING AGENCY	
CHARGE			
DISPOSITION OR PENALTY			
D) APPROX DATE		ARRESTING OR DETAINING AGENCY	
CHARGE			
DISPOSITION OR PENALTY			

70. Have you ever been placed on court ordered community supervision or probation as an adult? ☐ Yes ☐ No
71. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult? ☐ Yes ☐ No
72. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? ☐ Yes ☐ No
73. Have the police ever been called to your residence for any reason? ☐ Yes ☐ No
74. Have you or your spouse/partner ever been referred to Child Protective Services? ☐ Yes ☐ No

**ALAMO HEIGHTS POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT**

SECTION 9: LEGAL *continued*

- | | | |
|--|------------------------------|-----------------------------|
| 75. Have you ever been the subject of an emergency protective order/restraining order? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 76. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 77. Have you ever fraudulently received welfare, unemployment compensation, worker's compensation, or other state or federal assistance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78. Have you ever filed a false insurance claim or worker's compensation claim? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered yes to any of **Questions 70–78**, explain (include court case or document, dates, and circumstances; indicate corresponding number):

79. Have you **ever** engaged in any of the activities listed below for illicit drugs/narcotics or illegal substances, including marijuana?

- | | | |
|---------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Sold | <input type="checkbox"/> Purchased | <input type="checkbox"/> Cultivated |
| <input type="checkbox"/> Manufactured | <input type="checkbox"/> Furnished | <input type="checkbox"/> Carried or held for another |

If you checked any items above, give details including drug(s) involved, over what time period(s), and circumstances.

ALAMO HEIGHTS POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT

SECTION 9: LEGAL *continued*

Questions 80 and 81 ask about your current and past recreational drug use. This covers the use of **any** drug not prescribed to you by a licensed physician, including the unauthorized use of prescription drugs or over-the-counter drugs. Your answers should include, **but not be limited to**, your use of any of the following drugs:

- | | | |
|---|--|------------------------------|
| – Amphetamines / Methamphetamines
(<i>Uppers, Speed, Crank, etc</i>) | – Glue | – Mescaline |
| – Barbiturates (<i>Downers</i>) | – Hallucinogenics
(<i>Peyote, LSD, Mushrooms</i>) | – Morphine |
| – Cocaine / Crack Cocaine | – Hashish / Hashish Oil | – PCP / Angel Dust |
| – Designer Drugs
(<i>Ecstasy, Synthetic Heroin, etc.</i>) | – Heroin / Opium | – Quaaludes |
| – GHB (<i>Date Rape Drug</i>) | – Marijuana | – Steroids |
| | | – Tetrahydrocannabinol (THC) |

80. *Within the past six months*, have you used any drug(s) as indicated above? ☐ Yes ☐ No

If yes, give details, including drug(s) used, number of times, over what time period(s), and circumstances:

81. *Prior to the past six months* (check all that apply):

- ☐ I have never used any drug recreationally.
- ☐ I have tried or used one or more drugs, but only under limited circumstances (*for example, experimentation, at parties, concerts, special events, etc.*).

If checked, give details including drug(s) used, estimated number of times, over what time period(s), and circumstances.

- ☐ I used drugs on a regular basis (*from one to several times a week or more*).

If checked, **ONLY** indicate the time period(s) of drug use. DO NOT include the drug(s) used or frequency of use.

**ALAMO HEIGHTS POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT**

SECTION 10: MOTOR VEHICLE OPERATION

82. CURRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME UNDER WHICH LICENSE WAS GRANTED
-------------------------------------	----------------	-----------------	--------------------------------------

83. LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE:

State of issue	Type of license	Name under which license was granted and license number, if known

84. Have you ever been refused a driver's license by any state? ☐ Yes ☐ No

If yes, explain (include when, where, and circumstances):

85. List your current liability insurance on your vehicle(s):

A) TYPE OF COVERAGE		VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY		POLICY NUMBER		EXPIRES
ADDRESS				CONTACT NUMBER ()
B) TYPE OF COVERAGE		VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY		POLICY NUMBER		EXPIRES
ADDRESS				CONTACT NUMBER ()
C) TYPE OF COVERAGE		VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY		POLICY NUMBER		EXPIRES
ADDRESS				CONTACT NUMBER ()
D) TYPE OF COVERAGE		VEHICLE MAKE	YEAR	VEHICLE LICENSE
INSURANCE COMPANY		POLICY NUMBER		EXPIRES
ADDRESS				CONTACT NUMBER ()

**ALAMO HEIGHTS POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT**

SECTION 10: MOTOR VEHICLE OPERATION *continued*

86. List all traffic citations. If additional space is needed, use page 27:

A) NATURE OF VIOLATION		LOCATION (CITY, STATE)	
	DATE VIOLATION OCCURRED Month Year	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Paid Fine <input type="checkbox"/> Deferred Adjudication <input type="checkbox"/> Defensive Driving <input type="checkbox"/> Dismissed	
B) NATURE OF VIOLATION		LOCATION (CITY, STATE)	
	DATE VIOLATION OCCURRED Month Year	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Paid Fine <input type="checkbox"/> Deferred Adjudication <input type="checkbox"/> Defensive Driving <input type="checkbox"/> Dismissed	
C) NATURE OF VIOLATION		LOCATION (CITY, STATE)	
	DATE VIOLATION OCCURRED Month Year	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Paid Fine <input type="checkbox"/> Deferred Adjudication <input type="checkbox"/> Defensive Driving <input type="checkbox"/> Dismissed	

D) Has a traffic citation ever resulted in a warrant or caused your driver's license to be suspended or non-renewable due to the following? (Check all that apply)
☐ Failed to appear ☐ Failed to comply with judgment ☐ Failed to pay the required fine or fee

If checked, explain circumstances:

87. Have you been involved as the driver in a motor vehicle crash?..... ☐ Yes ☐ No
If yes, give details.

A) DATE		LOCATION	
	POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY	INJURY <input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
B) DATE		LOCATION	
	POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY	INJURY <input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY
C) DATE		LOCATION	
	POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	LAW ENFORCEMENT AGENCY	INJURY <input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY

88. Have you ever driven a vehicle without auto insurance, as required by law?..... ☐ Yes ☐ No

IF YES, GIVE REASON

DATE Month Year	LOCATION (CITY, STATE)
-------------------------------------	------------------------

89. Have you ever been refused automobile liability insurance or has your policy ever been cancelled? ☐ Yes ☐ No

IF YES, GIVE REASON

DATE Month Year	ADDRESS
-------------------------------------	---------

INSURANCE COMPANY

**ALAMO HEIGHTS POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT**

SECTION 10: MOTOR VEHICLE OPERATION *continued*

Use this space for additional information you would like to include regarding your driving record.

SECTION 11: OTHER TOPICS

90. Have you ever been refused a permit to carry a concealed weapon? ☐ Yes ☐ No
91. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? ☐ Yes ☐ No
92. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? ☐ Yes ☐ No
93. Have any immediate family members (father, mother, brothers, sisters, spouse, children) been investigated or convicted of anything other than a traffic violation in the last 5 years? ☐ Yes ☐ No
94. Do you have family members who are council members or employees of the City of Alamo Heights? ☐ Yes ☐ No

If you answered yes to any of **Questions 90–94**, give details including dates and circumstances; indicate corresponding number.

**ALAMO HEIGHTS POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT**

SECTION 12: ESSAY

- In **not less than** 50 words and **not** exceed two hundred (200) words, tell us why you are applying for this position with the Alamo Heights Police Department.

[illegible]

**ALAMO HEIGHTS POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT**

SECTION 13: CERTIFICATION

I hereby certify that I have completed and initialed each page of this personal history statement and any supplemental page(s) attached, and that there are **no misrepresentations, falsifications, or intentional omissions** in the foregoing statements and answers. **ALL** entries in this personal history statement are true, complete, and correct. I agree and consent in advance to being rejected for employment and understand that if hired, I may be discharged, if any of the information provided contains any misrepresentations, falsifications, or if any material information has been omitted in my application process. I further certify that I have personally written/typed this personal history statement and that I have solely filled out this application without aid or assistance from any person or persons.

I further agree that if my personal history statement is not accepted or if I am not hired, that the City of Alamo Heights and the Alamo Heights Police Department will not discuss with me the reason for me not being selected or hired. If the issue is of a temporary nature, I will be notified that I am eligible to re-apply.

SIGNATURE IN FULL

DATE

ALAMO HEIGHTS POLICE DEPARTMENT PERSONAL HISTORY STATEMENT

ADDITIONAL SPACE

- **Duplicate** this page as needed to include additional information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.)
- Identify the corresponding question and specific item being referenced.

This image shows a full page of blank white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page, typical of notebook or legal stationery. There are no margins, text, or other markings present.